

Fig. 1

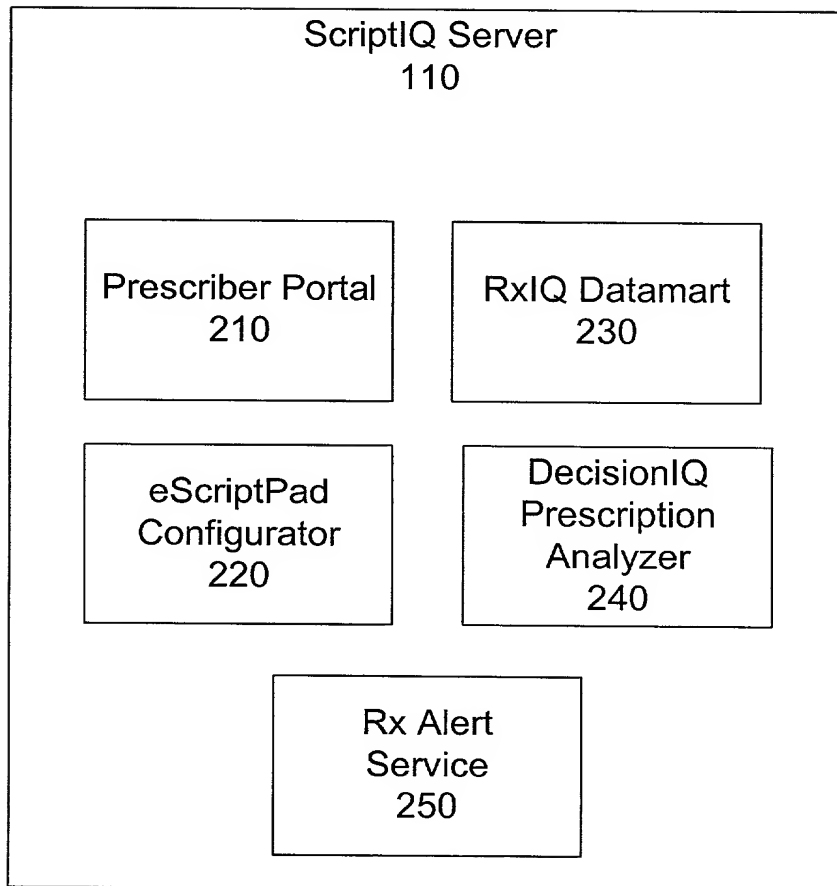



Fig. 2

300

 **MedClinic**
MEDICAL GROUP
Health Care Excellence
With Compassion

XXXXXXXX, MD
XXXXXXXXXX
XXXXXXXXXX
XXXXXXXXXX

DEA # xxxxxxxxxxxx
CA LICENSE #xxxxxxx

PATIENT NAME: _____ DATE: _____
ADDRESS: _____

<input type="checkbox"/> ADALAT CC 30/ 60 /90 MG	<input type="checkbox"/> DYAZIDE	<input type="checkbox"/> METFORMIN 500/850 MG
<input type="checkbox"/> ALLEGRA 60 MG	<input type="checkbox"/> ENALAPRIL 5 / 10 MG	<input type="checkbox"/> METOPROLOL 50 MG
<input type="checkbox"/> AMOXICILLIN 250/500 MG	<input type="checkbox"/> FUROSEMIDE 20 / 40 MG	<input type="checkbox"/> NAPROXEN 375 / 500 MG
<input type="checkbox"/> ATENOLOL 50 MG	<input type="checkbox"/> IBUPROFEN 600 / 800 MG	<input type="checkbox"/> NASACORT AQ
<input type="checkbox"/> CAPTOPRIL 12.5 / 25 MG	<input type="checkbox"/> KCl 8 / 10 / 20 mEq.	<input type="checkbox"/> PREMARIN 0.3 / 0.625 MG
<input type="checkbox"/> CELEXA 20 / 40 MG	<input type="checkbox"/> LIPITOR 10 / 20 / 40 MG	<input type="checkbox"/> PREMPRO 0.625 / 2.5 MG
<input type="checkbox"/> CEPHALEXIN 250/500	<input type="checkbox"/> LOTENSIN 10/20/40	<input type="checkbox"/> RANITIDINE 150/300
<input type="checkbox"/> OTHER _____		

SIG

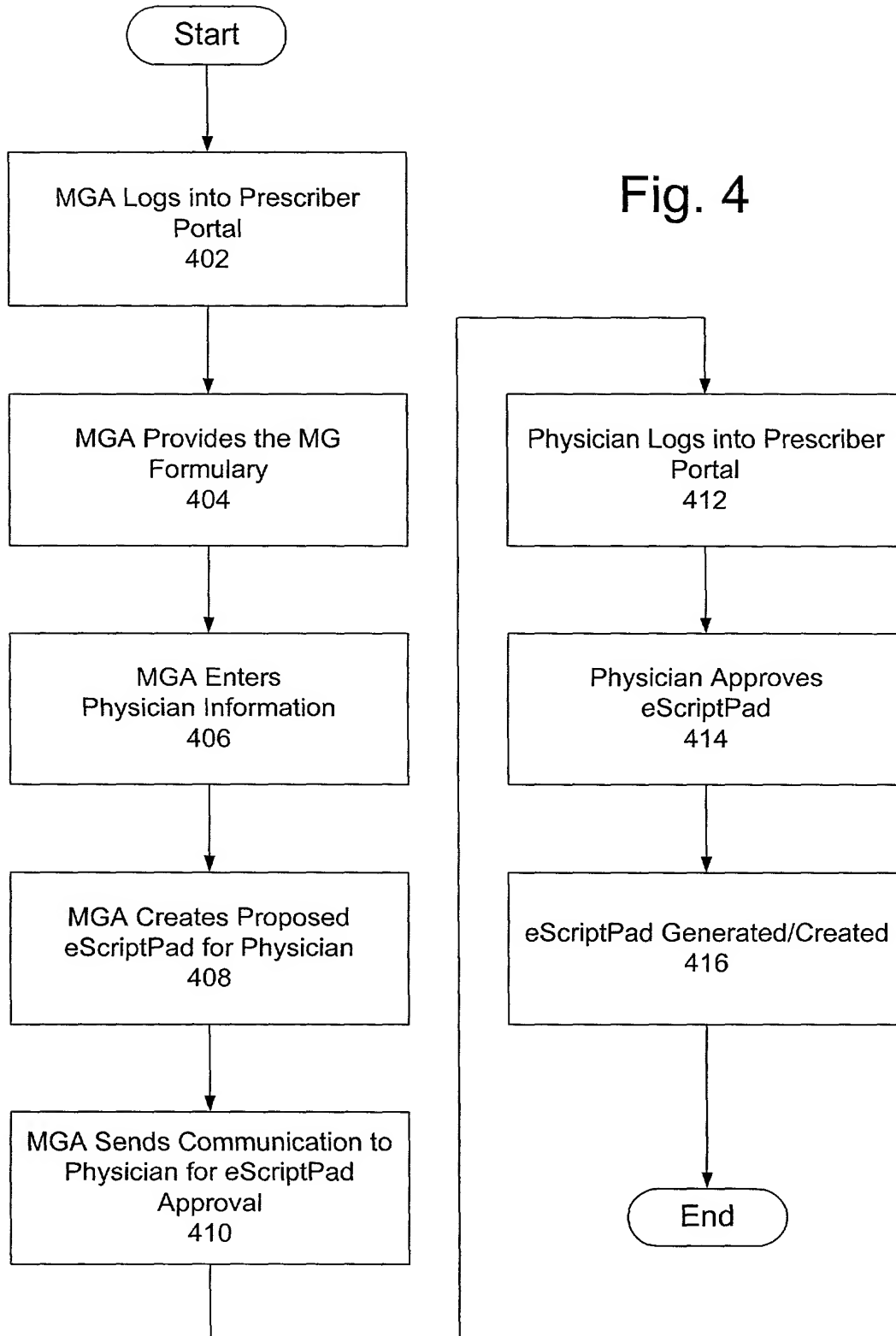
QD BID TID QID PRN QTY: _____ REFILL X _____
☐ DAW

☐ SPECIAL INSTRUCTIONS ON BACK OF PRESCRIPTION

PROVIDER SIGNATURE _____

FILL WITH GENERIC DRUG UNLESS OTHERWISE STATED. ONLY ONE MEDICATION PER PRESCRIPTION.

Fig. 3



Oral Contraceptives		Cost Y Y	H/N/F	P/C/S/H	WHA	Cigna	BC	BS
Necon, Norinyl, Norethin, Ortho Novum, Genora-1/50 (generics)	\$11-27	x x x x x x						
Necon, Norinyl, Norethin, Ortho Novum, Genora, Jenest, Nelova-- 1/35 (generics)	\$11-27	x x x x x x						
Modicon, Genora, Necon, Nelova, Brevicon--0.5/35	\$20	x x x x x x						
Ovrette	\$25	x x x x x x						
Desogest, Ortho-Cept	\$27	x x x x x x						
Eurostep	\$27	x x x x x x						
Tri-Norinyl	\$28	x x x x x x						
Triphasil, Tri-Leven	\$29	x x x x x x						
Mircette	\$30	x x x x x x						
Nordette, Levlen, Levora	\$30	x x x x x x						
Lo-Oval	\$31	x x x x x x						
Ortho Cyclen	\$31	x x x x x x						
Ortho-Tri-Cyclen	\$31	x x x x x x						
Ortho Novum 777	\$31	x x x x x x						
Demulen, Zovia--1/35, 1/50	\$31-35	x x x x x x						
Ovcon--35, 50	\$32/35	x x x x x x						
Alesse, Levite	\$32	x x x x x x						
Loestrin, Loestrin Fe 1/20, 1.5/3.0	\$33	x x x x x x						
Ortho Novum, Necon--10/11	\$34	x x x x x x						
Micronor, Nor-Q-D	\$35	x x x x x x						
Oval	\$50	x x x x x x						

Hormone Replacement Therapy		Cost Y Y	H/N/F	P/C/S/H	WHA	Cigna	BC	BS
Provera, Cycrin (generic) 5mg	\$5	x x x x x x						
Estrace (generic)	\$6	x x x x x x						
Estroplaste-Ogin (generic) 0.625mg	\$6	x x x x x x						
Menest 0.625mg	\$7	x x x x x x						
Cenestin 0.625mg	\$18	x x x x x x						
Estratab 0.625mg	\$19	x x x x x x						
Premarin 0.625mg	\$21	x x x x x x						
Prempro 0.625mg/2.5mg	\$31	x x x x x x						
FemHRT	\$25	x x x x x x						
Ortho-Prefest	\$25	x x x x x x						
Activella	\$26	x x x x x x						
Climara 0.05mg/24hrs (4patches/mo)	\$27	x x x x x x						
Vivelle 0.05mg/24hrs (8 patches/mo)	\$28	x x x x x x						
Estraderm 0.05mg/24hrs (8 patches/mo)	\$28	x x x x x x						
Estratest 2.5mg/1.25mg, Estratest HS	\$40/32	x x x x x x						

Antihistamines		Cost Y Y	H/N/F	P/C/S/H	WHA	Cigna	BC	BS
Fexofenadine (Allegra) 60mg BID pm	\$42	x x x x x x						
Cetirizine (Zyrtec) 10mg qd	\$49	x x x x x x						
Azelastine (Asterin) Nasal Spray 2 sprays	\$50	x x x x x x						

Antidepressants		Cost Y Y	H/N/F	P/C/S/H	WHA	Cigna	BC	BS
Amitriptyline (generic)	\$4	x x x x x x						
Trazodone (generic)	\$5	x x x x x x						
Nortriptyline (generic)	\$6	x x x x x x						
Imipramine (generic)	\$9	x x x x x x						
Desipramine (generic)	\$9	x x x x x x						
Citalopram (Celexa)	\$51	x x x x x x						
Paroxetine (Paxil)	\$63	x x x x x x						
Sertraline (Zoloft)	\$63	x x x x x x						
Nefazodone (Serzone)	\$85	x x x x x x						
Venlafaxine (Effexor XR)	\$73	x x x x x x						
Bupropion (Wellbutrin SR)	\$75	x x x x x x						
Mirtazapine (Remeron)	\$76	x x x x x x						
Fluoxetine (Prozac)	\$108	p x x x x x						

each ng/ml BID pm
loratadine (Claritin) 10mg qd
*Zyrtec syrup is covered for children <12

Nsaids		Cost Y Y	H/N/F	P/C/S/H	WHA	Cigna	BC	BS
Indomethacin (generic) 25mg tid	\$4	x x x x x x						
Ibuprofen (generic) 600mg tid	\$4	x x x x x x						
Piroxicam (generic) 10mg bid	\$4	x x x x x x						
Naproxen (generic) 500mg bid	\$7	x x x x x x						
Salsalate (generic) 750mg ii bid	\$8	x x x x x x						
Ketoprofen (generic) 75mg tid	\$10	x x x x x x						
Etiolac-Lodine (generic) 400mg bid	\$24	x x x x x x						
Diclofenac-Na-Voltaren (generic) 50mg tid	\$27	x x x x x x						
Diclofenac-K (generic) 50mg tid	\$36	x x x x x x						
Tolmetin (generic) 400mg bid	\$37	x x x x x x						
Meloxicam (Mobic) 15mg qd	\$65							
Rofecoxib (Vioxx) 25mg qd	\$76	p p p p						
Celecoxib (Celebrex) 200mg qd	\$76	p p p p						
Nabumetone (Relafen) 500mg ii qd	\$82							
Oxyprozin (Daypro) 600mg ii qd	\$101							
Celecoxib (Celebrex) 200mg bid	\$151	p p p p						

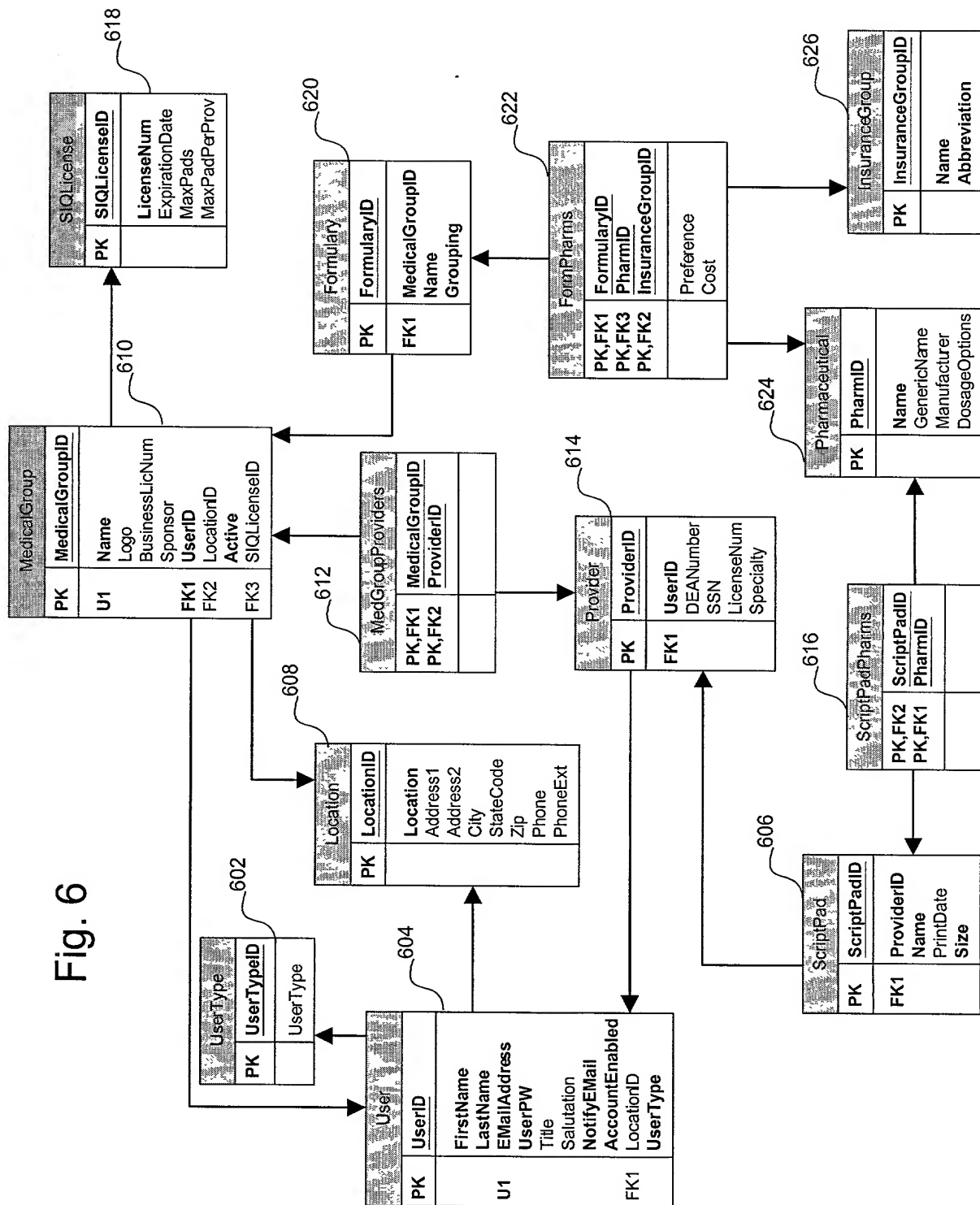
Green - Best Practice Preferred Choice
Black - No Specific Recommendation
Pink - Prior Auth., or step therapy, or has quantity or age limits
Y - Utilization Pricing
Y Y - AWP Pricing

XYZ MEDICAL GROUP

Formulary Selection Guide

Fig. 5

Fig. 6



INTELLIGENT PRESCRIBING SOLUTIONS

Welcome Dr. John Doe

My eScript Pads

My Account

Account History

Order eScript Pads

Personal Profile (Physician)

Personal Information

Subscriber ID Type: ID #:

Salutation:

First Name: Last Name: Suffix:

Specialty: Title:

Sponsor Group/Practice Information

Type: Sponsorship Code:

Name:

Practice Specialty:

Address / Shipping Information

Address Type:

Street Address:

Dept/Suite/Etc:

City: State: Zip/Postal Code:

Shipping Contact:

Phone:

Fax:

Fig. 7

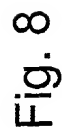



Fig. 8

900


INTELLIGENT PRESCRIBING SOLUTIONS

Welcome Dr. John Doe

My eScript Pads

My Account

Account History

Order eScript Pads


Formulary Changes

Product Notices

Reporting


Order Rx Supplies

Rx Alerts

 eScriptPad Preview

Order this eScriptPad

Preview: Standard Pad


	MARK A. WILSON, MD 200 N. Main St. Suite 100 Chicago, IL 60601 (312) 555-1234	DR. MARK A. WILSON 200 N. Main St. Suite 100 Chicago, IL 60601 (312) 555-1234
PHYSICIAN INFORMATION		
NAME: _____		
ADDRESS: _____		
CITY: _____		
STATE: _____		
ZIP: _____		
PHONE: _____		
FAX: _____		
E-MAIL: _____		
PRACTICE: _____		
SPECIALTY: _____		
DEGREE: _____		
BOARD: _____		
CREDENTIALS: _____		
LICENSE: _____		
EXPIRATION: _____		
RENEWAL: _____		
STATUS: _____		
COMMENTS: _____		

<Back

Fig. 9

10/2011 55950001

INTELLIGENT PRESCRIBING SOLUTIONS



Welcome Dr. John Doe

My eScript Pads


My Account

Account History

Order eScript Pads

eScriptPad Maintenance (1)

1000

 Order this eScriptPad

Description: Standard Pad


Field:

Field:

Field:

Paper Stock: Fraud Proof

Logo: ☐ None ☒



Sheets per Pad: 100

Update


Modify Medications

Preview

Fig. 10

TOTAL \$5950.00

1100



INTELLIGENT PRESCRIBING SOLUTIONS

Welcome Dr. John Doe

Order Rx Supplies


My eScript Pads

My Account

Account History

Order eScript Pads

Shopping Cart



Qty	Description	Price	Total
<div>50</div>	Standard eScript Pads (100 pages per pad)	\$ 2.50	\$ 125.00
			<div>\$ 125.00</div>

Checkout

Fig. 11

Fig. 12

To: Medical Group User
From: eScriptIQ System Alert Service
Date: November 1, 2001
Subject: ALERT - Changes to eScriptPad Prescription Pads

Dear Medical Group User,

We have noted that you have changed the formulary for your medical group. The eScriptPad prescription pads for the following doctors are affected and should be changed:

Dr. John Doe johndoe@scriptiq.com
Dr. Mary Smith marysmith@scriptiq.com
Dr. Jack Jones jackjones@scriptiq.com

You can revise their prescription pads by clicking on this link: <http://www.ScriptIQ.com/login.html>.

Sincerely,
ScriptIQ Alert Administrator

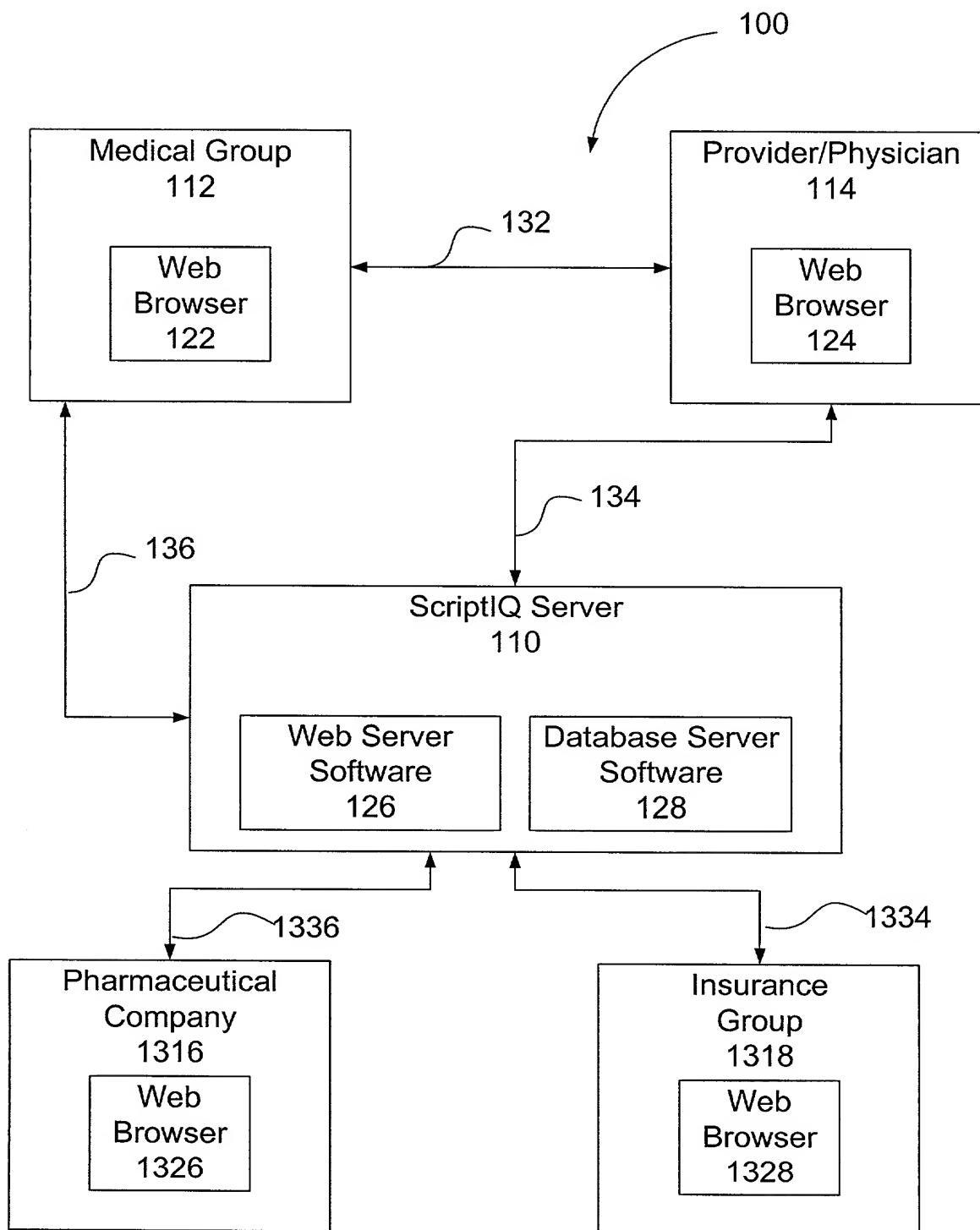


Fig. 13

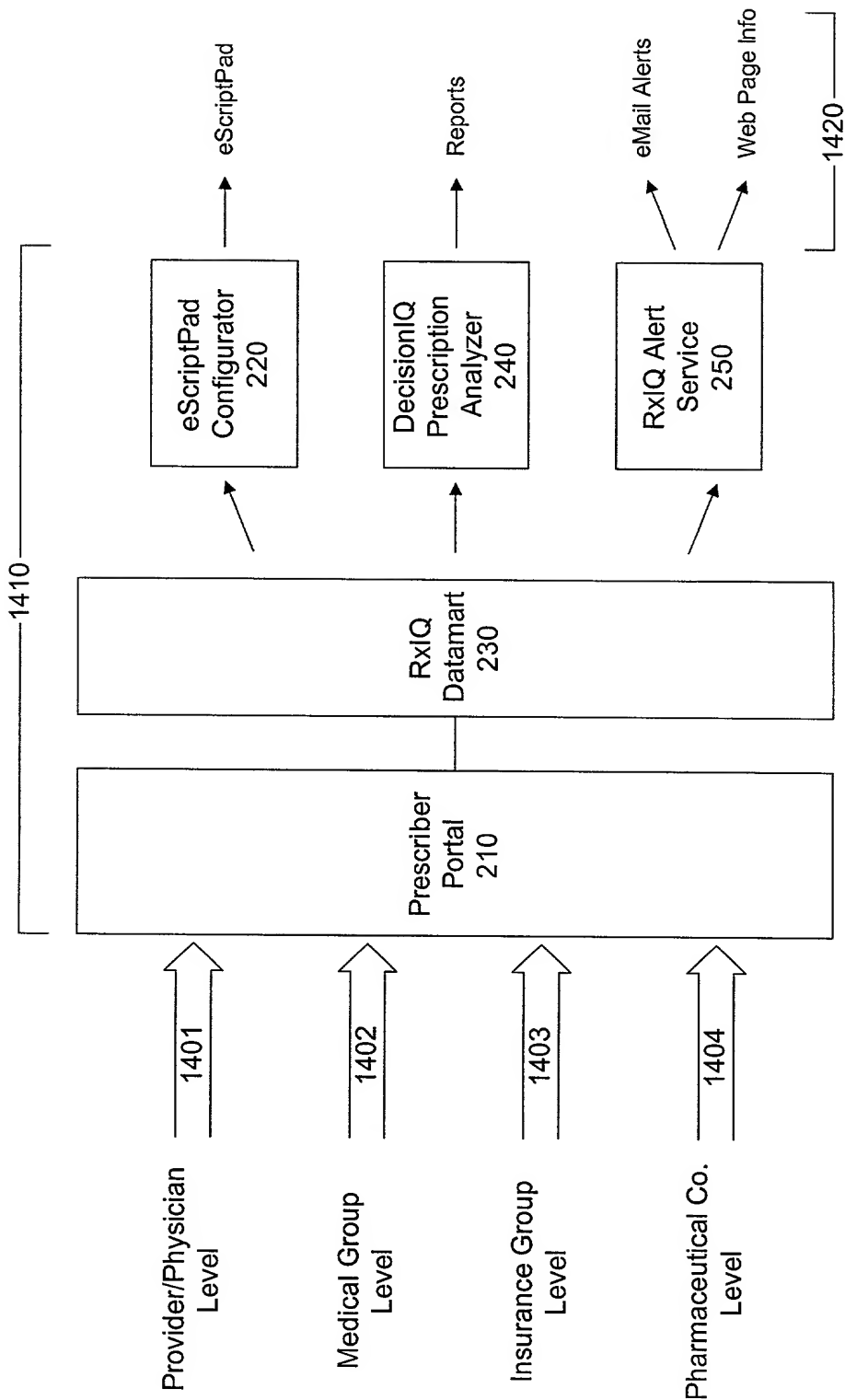
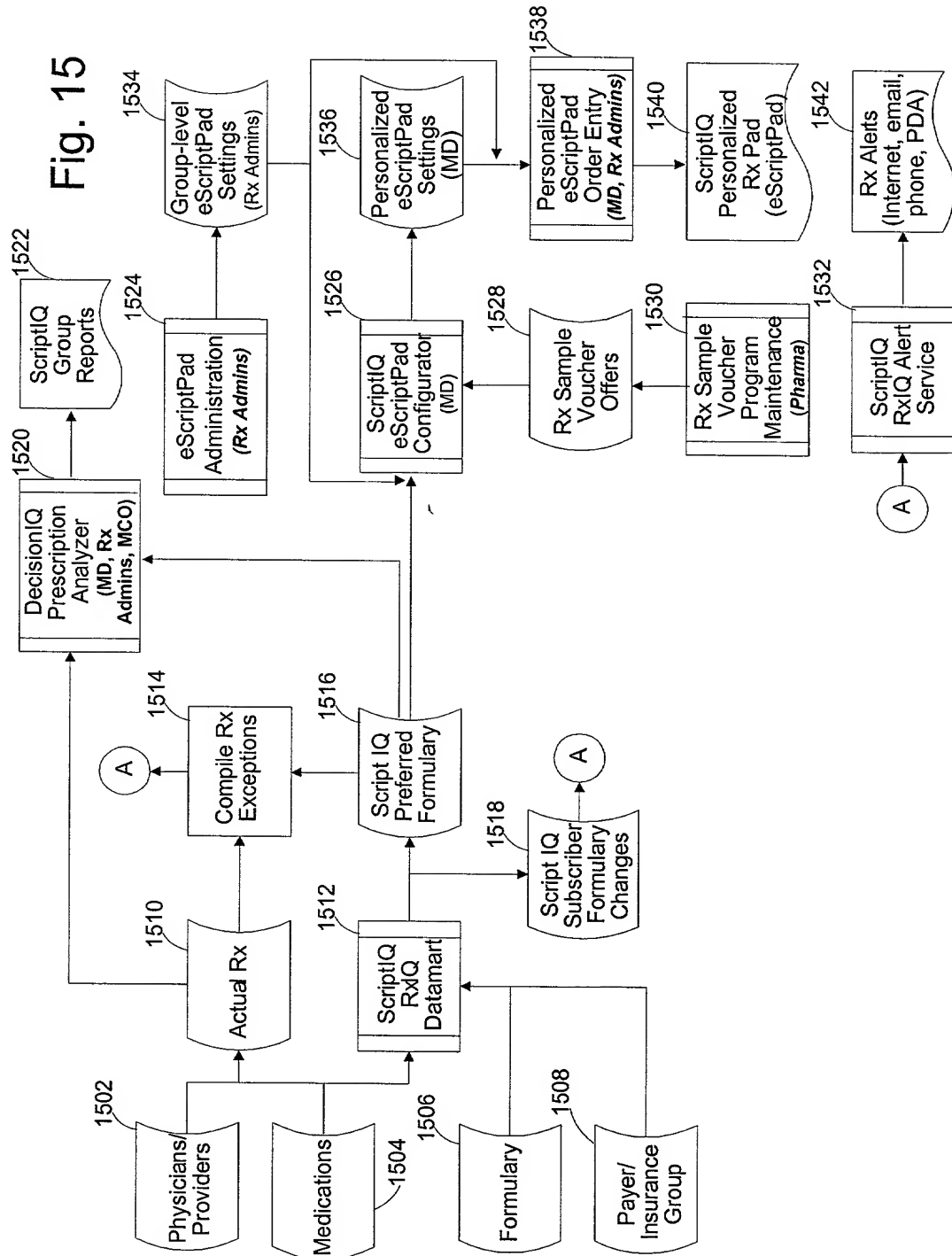


Fig. 14

ScriptIQ Business Process Flow



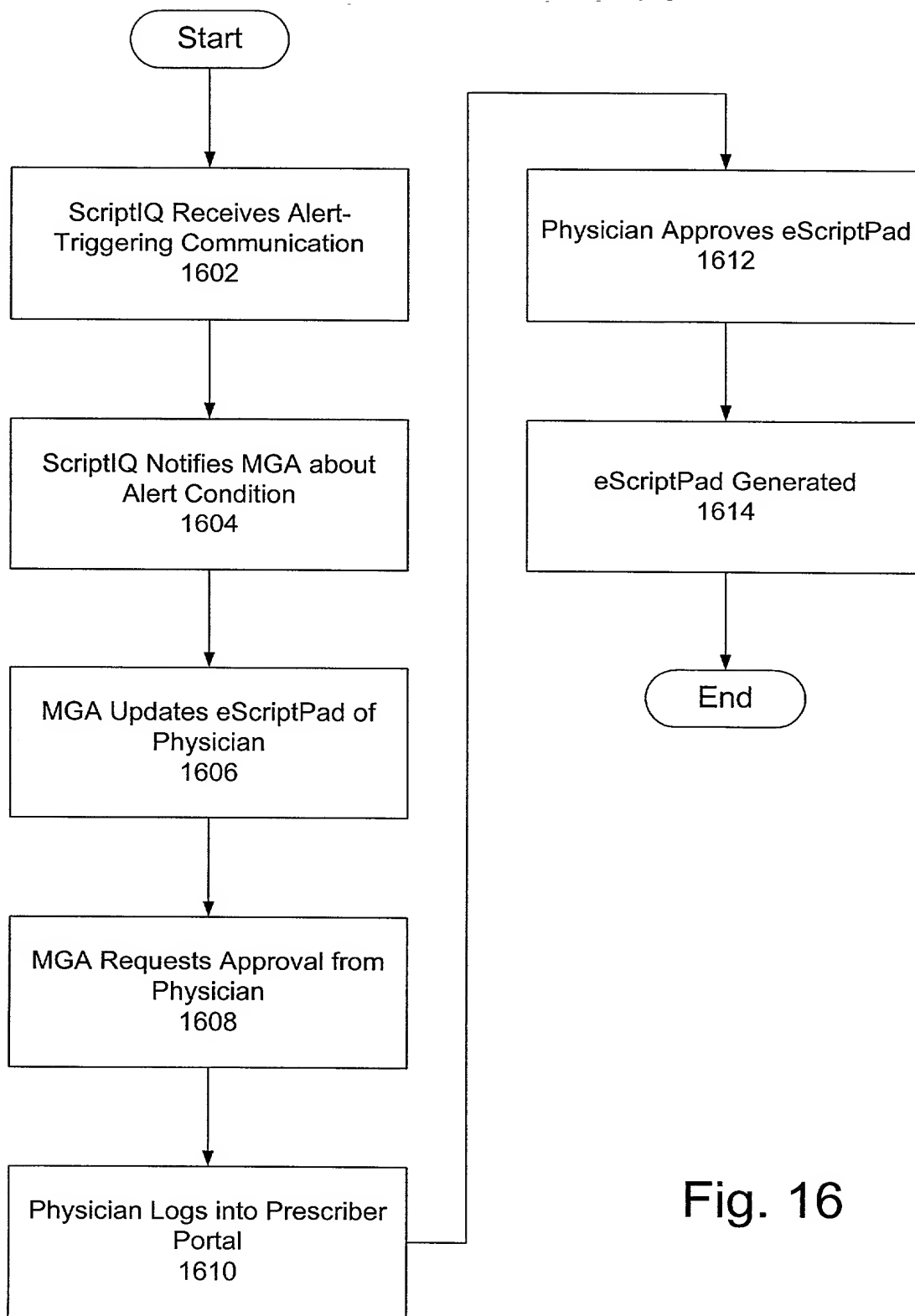


Fig. 16

Fig. 17

To: Medical Group User
From: eScriptIQ System Alert Service
Date: November 1, 2001
Subject: ALERT - Changes to eScriptPad Prescription Pads

Dear Medical Group User,

We have received a communication from ABC Pharmaceutical Company stating that pharmaceutical product 123AB has been recalled. Please see <http://www.ScriptIQ.com/RxAlertService/Alert1987.html> for any additional information.

The eScriptPad prescription pads for the following doctors are affected and should be changed:

Dr. John Doe johndoe@scriptiq.com
Dr. Mary Smith marysmith@scriptiq.com
Dr. Jack Jones jackjones@scriptiq.com

You can revise their prescription pads by clicking on this link: <http://www.ScriptIQ.com/login.html>.

Sincerely,
ScriptIQ Alert Administrator

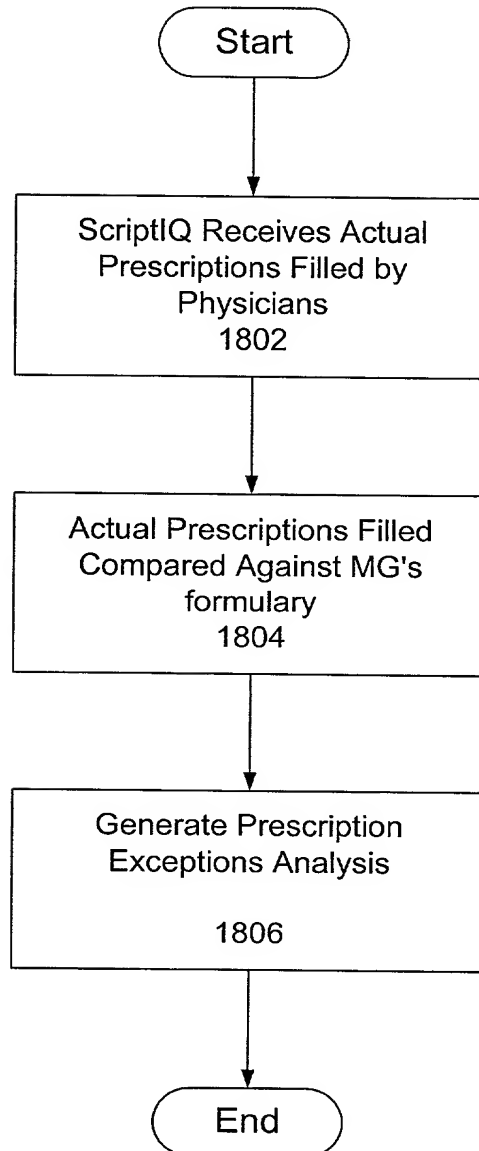


Fig. 18

Fig. 19

